

RECEIVED  
CENTRAL FAX CENTER

JUN 23 2006

2027 Thomas Street  
Hollywood, FL 33020  
954.922.3507  
954.921.4277

**FAX**

TO: **MS. THUNGUYEN - ATTN:OFFICE  
PETITION**

FROM: **THOMAS MERRITT**

FAX: **571-273-8300**

FAX: **954-921-4277**

PHONE:

PHONE: **954-922-3507**

SUBJECT:  
PTO Form SB122

DATE: **6/22/06**

PAGES: **2 INCLUDING COVER**

COMMENTS:

THANK YOU FOR YOUR KINDEST ASSISTANCE ON THE TELEPHONE  
YESTERDAY, IN REFERENCE TO MY PETITION FOR REVIVAL OF  
APPLICATION 09475499.

ATTACHED IS THE CHANGE OF ADDRESS FORM WHICH I HAVE  
PREVIOUSLY FAXED THE OFFICE ON 4/20/2006. I HAD RECEIVED  
AN AUTO REPLY SO I DON'T UNDERSTAND WHY IT WASN'T  
RECEIVED? IN MY PETITION, I FEEL I HAVE FULLFILLED ALL  
REQUIREMENTS. A FAVORABLE RESPONSE WOULD BE GREATLY  
APPRECIATED. THANK YOU FOR FORWARDING ME THE OFFICE  
ACTIN AS WELL.

RESPECTFULLY SUBMITTED,



THOMAS MERRITT

RECEIVED

JUN 26 2006

OFFICE OF PETITIONS

RECEIVED  
CENTRAL FAX CENTER

JUN 23 2006

PTO/SB/122 (01-06)  
Approved for use through 12/31/2008. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF  
CORRESPONDENCE ADDRESS  
Application**

Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number	09 475 499
Filing Date	12-30-90
First Named Inventor	Thomas Merritt
Art Unit	
Examiner Name	LEUNG, Jennifer
Attorney Docket Number	

Please change the Correspondence Address for the above-identified patent application to:

☐ The address associated with  
Customer Number:

OR

☒ Firm or  
Individual Name

Thomas Merritt

Address

2027 Thomas street

City

Hollywood

State

Florida

Zip

33020

Country

U.S.A.

Telephone

305 450 6062

Email

Tmerritt@islandsky.com

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:



Applicant/Inventor



Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).



Attorney or agent of record. Registration Number \_\_\_\_\_



Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Signature

Thomas Merritt

Typed or Printed  
Name

Thomas Merritt

Date

4-19-06

Telephone

305 450 6062

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.